



CHART CHECKLIST

Program Support Bureau

Quality Assurance Division

County of Los Angeles – Department of Mental Health

Client IS# _____

Date _____

Please read the following items and put a check mark (✓) next to those that are complete:

1. _____ MH 224A Client Face Sheet
2. _____ MH 224B Open Episode Form (ensure Dual Diagnosis Code is complete)
3. _____ MH 281 Payor Financial Information (PFI)
4. _____ MH 500 Consent for Services
5. _____ MH 635 Advanced Health Care Directive (clients over 18 years old)
6. _____ MH 612 Account Tracking Sheet
7. _____ MH 601 Acknowledgement of Receipt